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|---|--|-------------------------|--|---|--|
| Index of Claims  | | Application/Control No. | | Applicant(s)/Patent Under Reexamination | |
| | | 10542652 | | SHIOZAKI ET AL. | |
| Examiner Singh, Dalzid | | Art Unit | | 2613 | |

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|---|----------|---|------------|---|--------------|---|----------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | <input type="checkbox"/> CPA | <input type="checkbox"/> T.D. | <input type="checkbox"/> R.1.47 |
|--|----------|------------|------------|------------------------------|-------------------------------|---------------------------------|
| CLAIM | | DATE | | | | |
| Final | Original | 12/10/2007 | 06/22/2008 | | | |
| 1 | 1 | ✓ | = | | | |
| | 2 | ✓ | - | | | |
| | 3 | ✓ | - | | | |
| | 4 | - | - | | | |
| 6 | 5 | O | = | | | |
| | 6 | - | - | | | |
| | 7 | - | - | | | |
| | 8 | O | - | | | |
| | 9 | - | - | | | |
| | 10 | ✓ | - | | | |
| 2 | 11 | O | = | | | |
| | 12 | - | - | | | |
| | 13 | - | - | | | |
| 7 | 14 | O | = | | | |
| | 15 | - | - | | | |
| | 16 | - | - | | | |
| | 17 | - | - | | | |
| | 18 | - | - | | | |
| | 19 | - | - | | | |
| 3 | 20 | O | = | | | |
| | 21 | - | - | | | |
| | 22 | - | - | | | |
| 4 | 23 | O | = | | | |
| | 24 | - | - | | | |
| | 25 | - | - | | | |
| | 26 | - | - | | | |
| | 27 | - | - | | | |
| | 28 | - | - | | | |
| 5 | 29 | O | = | | | |
| | 30 | - | - | | | |
| | 31 | ✓ | - | | | |
| 8 | 32 | O | = | | | |
| 9 | 33 | ✓ | = | | | |
| | 34 | ✓ | - | | | |
| 10 | 35 | O | = | | | |
| | 36 | O | - | | | |

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| CLAIM | | | | DATE | | |
| Final | Original | 12/10/2007 | 06/22/2008 | | | |
| | 37 | O | - | | | |
| 11 | 38 | O | = | | | |
| | 39 | - | - | | | |
| | 40 | - | - | | | |
| 12 | 41 | O | = | | | |
| | 42 | - | - | | | |
| | 43 | - | - | | | |
| | 44 | - | - | | | |
| | 45 | - | - | | | |
| | 46 | - | - | | | |
| 13 | 47 | O | = | | | |
| | 48 | - | - | | | |